台灣急性冠心症或穩定冠心病患者的血脂治療目標

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Atherosclerosis is the pathogenesis of coronary artery disease (CAD). Atherosclerotic plaque unstable or rupture can cause acute coronary syndrome (ACS), including acute ST-elevation myocardial infarction, non-ST elevation myocardial infarction, and unstable angina. In addition to early coronary intervention, lipid lowering drugs could lower LDL-Chol, improve endothelial function, reduce inflammation and decrease platelet-thrombus deposition. There are several clinical trials using lipid lowering therapy in patients with ACS, including MIRACL, PROVE-IT TIMI-22, and IMPROVE-IT. These clinical trials demonstrated that ACS patients with LDL-Chol less than 70 mg/dl had lower cardiovascular events than those with LDL-Chol above 70 mg/dl. Taiwan lipid guidelines recommend that statin or statin/ezetimibe should be used for all ACS patients if there is no contraindication. The LDL-Chol should be less than 70 mg/dl in ACS patients and in ACS patients with type2 diabetes, a lower target of LDL-Chol < 55 mg/dl could be considered. Statin or statin/ezetimibe should be started as soon as possible during hospitalization.

Since benefits of intensive statin therapy are well documented, intensive statin therapy to lower LDL-Chol less than 70 mg/dl is recommended in patients with stable CAD. Stable CAD patients include history of ACS>6 months, history of coronary revascularization, presence of ischemic symptoms with positive stress test, or angiographic diagnosis of coronary stenosis >50%.